

10/541222  
 MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET  
 (FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S)

8-29-06 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1						51	3				
2		1						52	3				
3								53	3				
4								54					
5			3					55					
6			3					56					
7			3					57	1				
8			3					58					
9			3					59	1				
10			3					60	3				
11			3					61		1	1		
12			3					62		1	1		
13			3					63		1	1		
14			3					64		1	1		
15			3					65		1	1		
16			3					66		1	1		
17			3					67		1	1		
18			3					68		1	1		
19			3					69		1	1		
20			3					70		1	1		
21			3					71		1	1		
22			3					72		1	1		
23			3					73		1	1		
24			3					74		1	1		
25			3					75		1	1		
26			3					76		1	1		
27			3					77		1	1		
28			3					78	1		1		
29			3					79	1		1		
30			3					80	1		1		
31			3					81	1		1		
32			3					82	1		1		
33			3					83	1		1		
34			3					84	0		3		
35			3					85					
36			3					86					
37			3					87					
38			3					88					
39			3					89					
40			3					90					
41			3					91					
42			3					92					
43			3					93					
44			3					94					
45			3					95					
46			3					96					
47			3					97					
48			3					98					
49			3					99					
50			3					100					
TOTAL IND.								TOTAL IND.					
TOTAL DEP.								TOTAL DEP.					
TOTAL CLAIMS								TOTAL CLAIMS					